APPLICATION FOR LICENSE TO OPERATE TAXICAB/PRIVATE LIVERY

CITY OF GLOUCESTER, MASSACHUSETTS TO THE LICENSING COMMISSION

| CHECK ONE: | | | | |
|---|---|--------------------------------------|---|--------|
| NEW LICENSE: | | | | |
| ANNUAL RENEWAL: | | | | |
| Dear Sir/Madam: | | | | |
| The (Taxi/Livery Company as a taxicab driver subject to | y Name) | | (Licensee's Nam | e) |
| TO THE CITY OF GLOUCESTE | | (Signatur | e of Company Owner or M | |
| I,(Name) | | | (Address) | |
| (City & State) Do hereby apply for a license to dr | (Zip Code) | | • | and do |
| furnish the following information to RESIDENCE FOR THE PAST YE ARE YOU A CITIZEN OF THE U | EAR: | NO I | DATE OF BIRTH | |
| PRESENT MASSACHUSETTS C *PHOTOCOPY OF VALID MA DR (AND SOCIAL SECURITY # IF I | IVER'S LICENSE IS REQ | QUIRED AT TI | ME OF MAKING APPLICATION | |
| COLOR HAIR THE CITY OF GLOUCES' | COLC TER DOES NOT CONS CENSE. THESE CHARA | OR EYES SIDER ANY O ACTERISTIC | OF THESE CHARACTERIST S ARE USED IN CORRECTI GATIONS. | ICS IN |
| I UNDERSTAND THAT BEFOR TAXICAB OPERATOR'S LICEN MUST BE APPROVED BY THE | ISE TO THE CITY CLEF | RK FOR RECO | ORD OF NEW EMPLOYER. *T | |
| | | (Sig | gnature of Applicant) | |

Revised 11/1/2017

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| I certify under the penalties of perjury that I, to my best knowledge and belief, have filed all state tax returns and paid all state taxes required under law. | | | | |
|---|--|--|--|--|
| * Signature of Individual or Corporate Name (Mandatory) | BY: Corporate Officer (Mandatory, if applicable) | | | |
| ** Social Security (Voluntary) or Federal Identification Number | | | | |

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^{*} This license will not be issued unless this certification clause is signed by the applicant.

^{**} Your Social Security Number will be furnished to the Massachusetts Department of Revenue to determine whether you have met tax filing or tax payment obligations. Licensees who fail to correct their non-filing delinquency will be subject to license suspension or revocation. This request is made under the authority of Mass. G.L.C. 62C s. 49A.